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Medical Command

FAMILY ADVOCACY PROGRAM



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This instruction establishes the Pope AFB Family Advocacy Program (FAP). It explains the policies and procedures IAW AFD 40-3, *Family Advocacy Program*, AFI 40-301, *Family Advocacy* and USAF FAP Standards for identification, protection, treatment, and prevention of family maltreatment and assessment and coordination of services for family members with exceptional needs. It assigns responsibilities and explains procedures.

1. RESPONSIBILITIES.

1.1. The 43d Airlift Wing Commander's Responsibilities.

- 1.1.1. Ensures the implementation and management of the base FAP, ensuring program effectiveness and gathering of all necessary support.
- 1.1.2. Appoints the Commander, 43d Medical Group to administer and monitor the installation Family Advocacy Committee (FAC).
- 1.1.3. Serves as a member of the FAC or delegates this responsibility to the 43d Support Group Commander.
- 1.1.4. Ensures all incidents of suspected family maltreatment are reported to the Family Advocacy Program. Also ensures that the Exceptional Family Member Program Officer (EFMPO) has information about all family members with exceptional medical or educational needs.

1.2. Family Advocacy Committee (FAC) Responsibilities.

- 1.2.1. Have the Commander, 43 MDG; serve as chair of the installation FAC. The Commander, 43 MDG may delegate this responsibility to the Chief of the Medical Staff. The FAC will be composed of the Installation Commander (or designee), the Family Advocacy Officer (FAO), Exceptional Family Member Program Officer (EFMPO), Family Advocacy Outreach Manager, Family Support Center Director (43 MSS/DPF), Staff Judge Advocate (or designee) (43 AW/JA), 43d

Mission Support Squadron Commander (43 MSS/CC), installation Chief of Security Forces (or designee) (43 SFS/CC), Air Force Office of Special Investigation (AFOSI), Detachment 324, installation Staff Chaplain (43 AW/HC), and a Family Member Program Representative (43 SVS/SVY). The FAC may invite representatives of local Department of Social Services (DSS) agency and other members at the discretion of the chairperson.

1.2.2. Set policy and procedures for establishing and operating its FAP and will meet quarterly or at the call of the chairperson.

1.2.3. Advocate establishing and improving services that promote healthy families.

1.2.4. Solicit the resources needed to successfully run the FAP.

1.2.5. Coordinate activities of different organizations and contribute to the FAP and identify resources and service delivery problems.

1.2.6. Monitor training programs for personnel having responsibilities in support of the FAP.

1.2.7. Establish a cooperative working relationship with base and local community agencies.

1.2.8. Ensure that all memoranda of understanding or memoranda of agreement necessary to implement FAP are developed, maintained and reviewed periodically.

1.2.9. Establish the Family Maltreatment Case Management Team (FMCMT), the Child Sexual Maltreatment Response Team (CSMRT), High Risk for Violence Response Team (HRVRT) and the Incident Status Determination Review (ISDR) Process.

1.2.10. Monitor the activities of the above management teams, review their policy recommendations and ensure their effectiveness.

2. PROGRAM COMPONENTS.

2.1. Family Maltreatment Program.

2.1.1. Purpose. To identify, report, treat and prevent maltreatment of Air Force family members.

2.1.2. Family Maltreatment Case Management Team (FMCMT).

2.1.2.1. The FAO is responsible for the management of the Family Advocacy program and will serve as the chair of the FMCMT.

2.1.2.2. Composition of the FMCMT will be multidisciplinary and determined by the FAC. Membership must include at least the following: Family Advocacy Treatment Manager, Staff Judge Advocate (or designee) (43 AW/JA), physician, physician assistant, or nurse practitioner, representation from Security Forces (43 SFS), Air Force Office of Special Investigation (AFOSI) Detachment 324, installation Staff Chaplain (43 AW/HC), Family Support Center Director (43 MSS/DPF) and a Family Member Program Representative (43 SVS/SVY). Each member will be appointed in writing. Any changes will be reflected in the FAC minutes. The FMCMT will meet at the call of the chairperson, but at least monthly.

2.1.2.3. Responsibilities. The FMCMT will:

2.1.2.4. Ensure preliminary risk, safety and psychosocial assessment of all family maltreatment cases.

2.1.2.5. Set up procedures for ensuring the safety of family maltreatment victims.

2.1.2.6. Review all referrals of family maltreatment, decide case status determinations and develop treatment plans, as appropriate.

2.1.2.7. Document case management team meeting and decisions. Refer to cases by the case number in the minutes.

2.1.2.8. Provide unit commanders with written findings and recommendations regarding case status, participation in treatment, case disposition and next review date, if applicable.

2.1.2.9. Review each open, substantiated case at least quarterly, except child sexual abuse cases, which are reviewed monthly.

2.1.2.10. Refer to the FAC maltreatment cases and issues requiring action beyond the scope of the FMCMT.

2.1.3. Child Sexual Maltreatment Response Team (CSMRT).

2.1.3.1. Purpose. To manage initial response to child sexual maltreatment referrals where prosecution is possible, the alleged victim is in imminent danger of further maltreatment or there is a possibility of multiple victims and to minimize the number of investigative interviews and medical examinations to reduce the emotional trauma of the response process.

2.1.3.2. Composition of the CSMRT will be established by the FAC and will include the Family Advocacy Officer (CSMRT Chairperson) or Family Advocacy Treatment Manager (FATM), AFOSI representative and Staff Judge Advocate representative. When appropriate, others included will be representatives from other agencies having legal, investigative or child protection responsibilities (e.g., local DSS representative).

2.1.3.3. Responsibilities. The CSMRT will:

2.1.3.3.1. Ensure the CSMRT is activated within 24 hours from the time an initial allegation of child sexual maltreatment is reported.

2.1.3.3.2. Assess the allegation(s) and the risk of further maltreatment of the alleged victim(s).

2.1.3.3.3. Coordinate a course of action and begin implementation within 72 hours.

2.1.3.3.4. Attend to the medical and mental health needs of the victim(s), his or her family and alleged offender including the need of a medical examination and treatment for the victim(s) and the need of a mental health evaluation for the alleged victim(s) and the alleged offender.

2.1.3.3.5. Develop a strategy for interviewing the victim(s), including who will conduct the interview, what information needs to be gathered from the interview, where to conduct the interview and determine if the interview is to be videotaped or recorded.

2.1.3.3.6. The FAO or designee will be responsible for reporting the CSMRT findings to the FMCMT and appropriate key base personnel.

2.1.4. High Risk for Violence Response Team (HRVRT).

2.1.4.1. Purpose. To create a coordinated community response team in accordance with FAP guidance for potentially dangerous situations where any members of the community are at imminent risk of being harmed by other family members. These individuals include FAP

patients or referrals to FAP. The HRVRT is established by the FAC to identify all known high risk and imminently dangerous FAP clients and to plan and implement a course of action to ensure the safety of the potential victims.

2.1.4.2. Composition. HRVRT consists of any agency involved in an effective coordinated community response. In cases involving FAP clients, representatives include the FAO (HRVRT chairperson), FAP staff member working with the family, a mental health provider, member of the security forces (SFS), Air Force Office of Special Investigation (AFOSI) and Staff Judge Advocate (JA). The service member squadron commander or designee and other local agency representatives may be included in team case management as appropriate.

2.1.4.3. The goal of the HRVRT is to use a coordinated community response to decrease the risk of violence. Potentially dangerous situations include threats to seriously harm family members or FAP staff.

2.1.4.3.1. Upon notification of suspicion of potential threat of harm by an individual, the FAO will activate the HRVRT.

2.1.4.3.2. Efforts will be made by the HRVRT to conduct a comprehensive clinical evaluation to assess whether an individual is at risk for committing violence or harm to self or others where serious personal injury or death may result. Attempt will also be made to assess the identified threatened individual's ability to participate in the safety planning process. While best efforts will be made to complete assessments, this may not be accomplished, as non-military members in the community are not required to comply with recommendations for assessment or treatment interventions.

2.1.4.3.3. The SFS, AFOSI and FAP will identify and notify to the HRVRT all known persons who are potentially at high risk for harming others. The SFS, AFOSI and FAP will provide updated information of the organization's involvement as it relates to the HRVRT.

2.1.4.3.4. The JA representative will provide legal consultation on high-risk-for-violence situations where threats to harm have been made. The JA representative will provide updated information about UCMJ actions to the HRVRT.

2.1.5. Reporting Procedures. All agencies, departments or individuals affiliated with Pope AFB will report all incidents of suspected or established family maltreatment directly to the FAP office, security forces or AFOSI. All suspicions of child maltreatment will be reported to the appropriate civilian Department of Social Services (DSS) agency. The base FAO or designee is primarily responsible for coordinating and reporting abuse and neglect cases to civilian authorities. The FAO or designee serves as the reporting liaison for military and civilian agencies. When the FAO is unavailable (e.g., TDY or on leave) base agencies will contact the Pope AFB Alternate, Family Advocacy Officer, Family Advocacy Treatment Manager (FATM) or behavioral health provider during duty hours, or the behavioral health on-call provider during non-duty hours.

2.1.6. Family Maltreatment Case Management. The Pope AFB FAP will manage cases of Air Force families when the active duty member is assigned to the 43d Airlift Wing or to Pope AFB tenant units. In cases of dual military branch families, Pope AFB FAP will manage the case when the primary offender is assigned to the 43d Airlift Wing, Pope AFB.

2.1.7. Medical Group (MDG) Personnel Responsibilities.

2.1.7.1. When treating a patient involved in an act of family maltreatment make sure the

patient is medically stable, with immediate referral to an appropriate medical center if there is a severe or life-threatening injury.

2.1.7.2. Notify the FAO or designee and the military member's commander or first sergeant of the patient's condition.

2.1.7.3. Contact the Commander, 43 MDG and the FAO, in child maltreatment cases, if the parent refuses to hospitalize the child or take the child to an appropriate medical center for further assessment.

2.1.7.4. Be sensitive to the clues of possible spouse abuse trauma, especially when trauma is unexplained or inconsistent with the nature of the injury, and if spouse maltreatment is suspected.

2.1.7.5. Provide for necessary medical treatment and documentation of the injuries.

2.1.7.6. Notify the EFMPO of Air Force family members identified as having exceptional medical or educational needs.

2.1.8. Security Forces (SF) Responsibilities.

2.1.8.1. Officers responding to reported incidents of family maltreatment will ensure the safety of the individual involved. The officers responding should consult with the FAO or designee to receive assistance in dealing with abusive or negligent families.

2.1.8.2. The 43d Security Forces Law Enforcement Desk will notify the FAP of all incidents involving suspected cases of maltreatment. A copy of the incident report will be made available to the FAP for inclusion in the FAP record.

2.1.8.3. The law enforcement desk will contact the member's commander or first sergeant.

2.1.9. Air Force Office of Special Investigation (AFOSI) Responsibilities.

2.1.9.1. The AFOSI Family Advocacy Program Liaison will notify the FAP of all cases involving suspected or established family maltreatment that come to the attention of the AFOSI.

2.1.9.2. Notify the member's commander or first sergeant.

2.1.9.3. Personnel will notify the FAP when a Defense Criminal Investigation Index (DCII) reveals information regarding previous incidents involving the family in question.

2.1.10. Commanders and First Sergeants Responsibilities.

2.1.10.1. Coordinate with the FAP to provide a safe environment for the victim.

2.1.10.2. Exercise their authority over the member to provide an initial "cooling off" period if it is deemed necessary.

2.1.10.3. Report all families experiencing family maltreatment to the FAP office to arrange for counseling and referral assistance as required.

2.1.10.4. Assess whether immediate contact with the Staff Judge Advocate's office is necessary in a given situation. Coordinate with 43 AW/JA on range of responses by the commander.

2.1.10.5. Refer unit member to the EFMP if the member's family members have special medical or educational needs.

2.1.11. Community Agencies' Responsibilities.

2.1.11.1. Although the Pope AFB FAP has no jurisdiction over civilian agencies, community agencies will be encouraged to notify the FAP or appropriate DSS of any incidents of child maltreatment involving military families connected with 43d Airlift Wing, Pope AFB that come to their attention.

2.1.11.2. The Pope AFB FAP office will work on a collaborative basis with community agencies to assist in providing necessary service to military families experiencing family maltreatment.

2.2. Family Advocacy Prevention.

2.2.1. Purpose. Enhance mission readiness through the development of child and spouse maltreatment prevention programs and resources for Air Force family members.

2.2.2. Family Advocacy Outreach Program.

2.2.2.1. The Family Advocacy Outreach Program is a community-based program that provides primary and secondary prevention services whose goal is to enhance healthy family functioning reduce family maltreatment and build community resilience. Primary prevention services provide information and training to strengthen all Air Force families. Types of primary prevention services include informational briefings, couple communication classes, parenting classes, playgroups, special community events and community development projects. All primary prevention services are coordinated through the installation Integrated Delivery System (IDS). Secondary prevention services are designed for individuals and families who are at risk for family violence, which include specialized workshops targeted to groups or individuals deemed at risk, skills development and support groups for vulnerable populations.

2.2.2.2. The Family Advocacy Outreach Manager is the key facilitator for the Family Advocacy Prevention component and will serve as the primary FAP representative on the IDS Committee. As a member of the IDS, the Family Advocacy Outreach Manager will:

2.2.2.2.1. Develop collaborative prevention programs and community development projects with other agencies based on the military community's current needs and ensures their implementation and presentation.

2.2.2.2.2. Develop the FAP Prevention Plan yearly based on base-wide needs assessment.

2.2.3. New Parent Support Program (NPSP).

2.2.3.1. The NPSP is a home-based family maltreatment prevention program for military families, tailored to the installation's needs and circumstances.

2.2.3.2. The Family Advocacy Nurse (FAN) develops and manages the NPSP. The primary service modality for the NPSP is home visitation. The focus of FAN nursing practice will be on the prevention of family maltreatment through education, support and guidance in the following areas:

2.2.3.2.1. Maternal, prenatal and postpartum issues.

2.2.3.2.2. Newborn/infant/child behavior, care and growth and development.

2.2.3.2.3. Family health-related behavior and practices.

2.3. Exceptional Family Member Program (EFMP).

2.3.1. Purpose. To establish guidelines to be followed in the identification, assessment, treatment and referral of Air Force family members with exceptional needs assigned to Pope Air Force Base.

2.3.1.1. Exceptional Need. A medical, psychological or educational condition of a chronic nature, which requires the active management by a medical sub-specialty, or special education personnel.

2.3.2. The EFMP Officer (EFMPO) is responsible for the EFMP component of the FAP and will serve as a member of the FAC.

2.3.3. Procedures.

2.3.3.1. When the EFMPO identifies an active duty Air Force family member as having an exceptional need; the sponsor will be administratively enrolled in the EFMP.

2.3.3.2. The EFMP will assist family members in conducting:

2.3.3.2.1. Exceptional Needs Assessment (ENA)

2.3.3.2.2. Family Member Relocation Clearances (FMRC) on AF Form 1466, **Request for Family Member's Medical and Education Clearance for Travel**.

2.3.3.2.3. Facility Determination Inquiries (FDI).

2.3.3.2.4. EFMP assignment issues.

2.3.3.2.5. Information and Referral services to military and local communities.

RICHARD J. CASEY, Brigadier General, USAF
Commander

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFI 40-301, *Family Advocacy*

AFPD 40-3, *Family Advocacy Program*

USAF FAP Standards

Abbreviations and Acronyms

AFOSI—Air Force Office of Special Investigation

AW—Airlift Wing

CC—Commander

CSMRT—Child Sexual Maltreatment Response Team

DCII—Defense Criminal Investigation Index

DSS—Department of Social Services

DPF—Family Support Center

EFMP—Exceptional Family Member

EFMPO—Exceptional Family Member Program Officer

ENA—Exceptional Needs Assessment

FAC—Family Advocacy Committee

FAN—Family Advocacy Nurse

FAO—Family Advocacy Officer

FAP—Family Advocacy Program

FATM—Family Advocacy Treatment Manager

FMCMT—Family Maltreatment Case Management Team

FMRC—Family Member Relocation Clearances

FDI—Facility Determination Inquiries

HC—Chaplain

HRVRT—High Risk for Violence Response Team

IDS—Integrated Deliver System

ISDR—Incident Status Determination Review

JA—Staff Judge Advocate

MDG—Medical Group

MSS—Mission Support Squadron

NPSP—New Parent Support Program

SF—Security Forces

SVS—Services Squadron

SVYC—Youth Services

TDY—Temporary Duty

UCMJ —Uniform Code of Military

USAF—United States Air Force

Terms

FAP Standards —Specific guidance provided by HQ AFMOA/SGPS to provide detailed direction for implementation of the Family Advocacy Program with the USAF.

Family Maltreatment —exists when a military family member experiences nonaccidental physical or emotional trauma or neglect.

Family Maltreatment Case Management Team—is a multidisciplinary team that assesses cases and plans intervention for all maltreatment cases.

Maltreatment—A general term encompassing child abuse or neglect and spouse abuse or neglect.

Outreach—Activities in support of maltreatment prevention. Usually provided by the Outreach Program Manager and take the form of primary and secondary prevention activities. Does not include tertiary prevention (usually referred to as "treatment").

Prevention—Activities with and for families undertaken prior to the report of abuse. May be primary prevention (activities for all families) or secondary prevention (activities for families identified to be at risk for maltreatment).

The Exceptional Family Member Program —is the Air Force program that identifies family members with special needs, ensures families discover the proper source of care, and coordinates with HQ Air Force Military Personnel Center the appropriate geographic reassignment of sponsors.

Treatment —Direct services to families identified as experiencing maltreatment. Also called "tertiary prevention" in some references.